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TRANSMITTAL FORM			. no bersons	Application Number 10/812,699				displays a valid OMB control number.
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(to be used for all correspondence after initial filing)			filina)	Examiner Name	Daniel S.	Daniel S. Yeagley		
Total Number of Pages in This Submission			illing)	Attorney Docket Number	orney Docket Number MCZ014			
ENCLOSURES (Check all that apply)								
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53				Petition Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Perminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD			Appea of App Appea (Appea Propri	Allowance Communication to TC al Communication to Board beals and Interferences al Communication to TC al Notice, Brief, Reply Brief) etary Information s Letter Enclosure(s) (please Identify):
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